



APPLICATION FOR FUEL TAX REFUND PERMIT ACCOUNT

Fuel Tax Section
Refund Unit
P.O. Box 9228
Olympia, WA 98507-9228
(360) 664-1838

Please Print

Gas ☐ Diesel ☐ Aircraft ☐

1. Applicant's Name				(Invoices must be in exact name of applicant)			
2. Mailing Address		City		State		Zip Code	
2a. Physical Address (If different from mailing address)							
3. Contact Name				E-mail Address			
4. Daytime Telephone Number ()				Fax Number ()			
5. Boater's Washington Registration Number WN-				(Please submit a copy of out-of-state registration form)			
6. Description of fuel usage:							

Please retain a copy of this application for your records.

I understand and agree to the record keeping requirements for this refund claim permit. I certify under penalty of perjury that this application is true, correct, and complete to the best of my knowledge.

NAME - (PLEASE PRINT)

TITLE - OWNER, PARTNER,
CORPORATE OFFICER
(IF NOT, ATTACH POWER OF ATTORNEY)

DATE

SIGNATURE

OFFICE USE ONLY

Refund Permit Number	Issue Date	Initials	Comments
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